

SUMMARY OF CONTINUING EDUCATION INFORMATION

I, _____, O.D., License Number _____, hereby submit
copies of documents reflecting attendance at, or completion of continuing education courses taken
between March 1st, 2013 and February 28th, 2014, which fulfill the continuing education requirements for
renewal for the 2014-2015 license year, pursuant to NRS 636.260.

_____ hours of TPA continuing education

_____ hours of Non TPA continuing education

_____ hours of Practice Management continuing education

Dated: _____

Signature